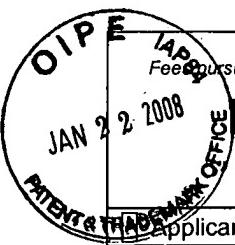




EXPRESS MAIL NO. EM035619117US

| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | Docket Number 110129.430 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--------------------------------|--|-------------|------------|-------------------------|--|---|-------|------|-------------|---|-------|-------|----------|---|--------|-------|----------|--|--------|-------|----------|--|--------|--------|----------|---|--|--|--|---|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|
| FY 2008 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Application Number 10/673,046 | | Filed September 26, 2003 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| For PERIVASCULAR WRAPS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Art Unit 1618 | Examiner Blessing M. Fubara | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;"><u>Fee</u></th> <th style="text-align: center;"><u>Small Entity Fee</u></th> <th></th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: right;">\$120</td> <td style="text-align: right;">\$60</td> <td style="text-align: right;"><u>\$60</u></td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: right;">\$460</td> <td style="text-align: right;">\$230</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: right;">\$1050</td> <td style="text-align: right;">\$525</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: right;">\$1640</td> <td style="text-align: right;">\$820</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: right;">\$2230</td> <td style="text-align: right;">\$1115</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td colspan="4"> <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</td> </tr> <tr> <td colspan="4"><input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.</td> </tr> <tr> <td colspan="4"><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</td> </tr> <tr> <td colspan="4"><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</td> </tr> <tr> <td colspan="4"><input type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>19-1090</u>. I have enclosed a duplicate copy of this sheet.</td> </tr> </tbody> </table> | | | | <u>Fee</u> | <u>Small Entity Fee</u> | | <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | <u>\$60</u> | <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$460 | \$230 | \$ _____ | <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1050 | \$525 | \$ _____ | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1640 | \$820 | \$ _____ | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2230 | \$1115 | \$ _____ | <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. | | | | <input checked="" type="checkbox"/> A check in the amount of the fee is enclosed. | | | | <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | | | <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. | | | | <input type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>19-1090</u> . I have enclosed a duplicate copy of this sheet. | | | |
| | <u>Fee</u> | <u>Small Entity Fee</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | <u>\$60</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$460 | \$230 | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1050 | \$525 | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1640 | \$820 | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2230 | \$1115 | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> A check in the amount of the fee is enclosed. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>19-1090</u> . I have enclosed a duplicate copy of this sheet. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration No. <u>53,937</u> <u>01/25/2008 TNGUYEN2 00000022 10673046</u></p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34. <u>01 FC:2251</u> <u>60.00 OP</u></p> <p>Registration number if acting under 37 CFR 1.34. _____ .</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  <hr/> Signature | | January 22, 2008 <hr/> Date | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Qing Lin, Ph.D. <hr/> Typed or printed name | | 206-622-4900 <hr/> Telephone Number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |



Fee Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2008

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$60)

| <i>Complete if Known</i> | |
|--------------------------|--------------------|
| Application Number | 10/673,046 |
| Filing Date | September 26, 2003 |
| First Named Inventor | David M. Gravett |
| Examiner Name | Blessing M. Fubara |
| Art Unit | 1618 |
| Attorney Docket No. | 110129.430 |

METHOD OF PAYMENT (check all that apply)
 Check Credit Card Money Order Other (please identify): _____

 Deposit Account Deposit Account Number: 19-1090 Deposit Account Name: Seed IP Law Group PLLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Charge fee(s) indicated below | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Charge any underpayments or credit any overpayments |

Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | |
|------------------|--------------|----------|--------------|----------|------------------|----------|----------------|
| | Small Entity | Fee (\$) | Small Entity | Fee (\$) | Small Entity | Fee (\$) | Fees Paid (\$) |
| Utility | 310 | 155 | 510 | 255 | 210 | 105 | _____ |
| Design | 210 | 105 | 100 | 50 | 130 | 65 | _____ |
| Provisional | 210 | 105 | 0 | 0 | 0 | 0 | _____ |

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Small Entity**Fee (\$)****Fee (\$)**

50 25

Each independent claim over 3 (including Reissues)

210 105

Multiple dependent claims

370 185

Total Claims**Extra Claims****Fee (\$)****Fee Paid (\$)****Multiple Dependent Claims**

| | | | | | | | |
|-----|------------|----|---|---|-------|----------|---------------|
| 117 | -239 or HP | 00 | X | = | _____ | Fee (\$) | Fee Paid (\$) |
| | | | | = | | | |

HP = highest number of total claims paid for, if greater than 20.

| | | | |
|----------------------|---------------------|-----------------|----------------------|
| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|----------------------|---------------------|-----------------|----------------------|

| | | | | | |
|---|------------|----|---|---|-------|
| 1 | -9 or HP = | 00 | X | = | _____ |
|---|------------|----|---|---|-------|

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|----------|---------------|
| -100 = | /50 = | (round up to a whole number) | x | _____ |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Petition for Extension of Time/1 month**60****SUBMITTED BY**

| | | | |
|-------------------|-----------------|--------------------------------------|------------------|
| Signature | | Registration No. (Attorney/Agent) | 53,937 |
| Name (Print/Type) | Qing Lin, Ph.D. | Date | January 22, 2008 |